File No Date Received:	Fee:
Scheduled Public Hearing Date:	Initials: Check or Receipt No
APPLICATION FOR CONDITIONAL USE CITY OF GAHANNA PLANNING COMMISSION	
Applicant's Name:*	
Address:	
Company:	Phone: Fax:
Status: Land Owner Option Holder	Cont. Purchaser Agent
Property Location:	
Proposed Use: Total Acreage:	
Reason for Conditional Use:	
Developer:	
Contact:	
Address:	
Address:	
*Note: Planning Commission and/or City Staff may visit the proper Applicant's Signature	Date
Submission Requirement	<u>ents</u>
 A plan that complies with the list of Conditional Use required 10 copies of plan folded (not rolled) to 81/2 X 11 inch size p Statements of information as required in Section 1169.02(at Application Fee of \$50. Reduced drawing to 81/2 X 11 inch size suitable for showing 	prior to submission.
APPROVAL	
In accordance with Section 1169 of the Codified Ordinances of Ga as stated above, has been approved by the City of Gahanna Pla copy of the minutes are hereby attached. The applicant shall Planning Commission, and shall comply with all building, zoning This approval is valid for twelve months from public hearing date.	anning Commission on A comply with any conditions approved by the
Zoning Administrator	Date

Revised May 2003

*Note: All correspondence will be to applicant above unless otherwise stated.